

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>07/28/06</u>		2 Serial/Patent # <u>10/040863</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
X	Petition			\$ 400.00								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 400.00								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
X	Overpayment credit to credit card	X	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">0</td></tr></table>				2	0	--	1	4	3	0
2	0	--	1	4	3	0						
	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Frances Hicks</u>		TITLE: <u>Petitions Examiner</u>										
SIGNATURE: <u><i>Frances Hicks</i></u>		PHONE: <u>Ext. 23218</u>										
OFFICE: <u>Office of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u><i>ckh</i></u>		DATE: <u>7/31/06</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**